

EXHIBIT

C

STATE OF NEW JERSEY

NEW JERSEY DEPARTMENT OF HEALTH AND SENIOR SERVICES
CERTIFICATE OF DEATH

1. NAME OF DECEASED (Last, First, Middle Initial)
Russell Youmans

2. SEX ☒ Male ☐ Female

3. AGE (Date of Birth) **11/11/1927**

4. PLACE OF BIRTH **Burlington, New Jersey**

5. DATE OF DEATH **11/11/1987**

6. TIME OF DEATH **10:00 AM**

7. PLACE OF DEATH **Home**

8. CAUSE OF DEATH (List all causes, starting with the immediate cause)
Heart Disease

9. MANNER OF DEATH (Check one)
☒ Natural ☐ Accidental ☐ Suicide ☐ Homicide ☐ Undetermined

10. PLACE OF INTERMENT (Name of Cemetery, Church, or other place)
Lakewood Memorial Park

11. NAME OF FUNERAL HOME (Name and Address)
Funeral Home, 440 Market Street, Burlington, New Jersey 08075

12. SIGNATURE OF REGISTRAR (Name and Title)
Joseph A. Komoroski, State Registrar

13. SIGNATURE OF DECEASED'S NEXT OF KIN (Name and Address)
None

14. SIGNATURE OF DECEASED'S PHYSICIAN (Name and Address)
None

15. SIGNATURE OF DECEASED'S MARRIED PARTNER (Name and Address)
None

16. SIGNATURE OF DECEASED'S CHILD (Name and Address)
None

17. SIGNATURE OF DECEASED'S PARENT (Name and Address)
None

18. SIGNATURE OF DECEASED'S SISTER (Name and Address)
None

19. SIGNATURE OF DECEASED'S BROTHER (Name and Address)
None

20. SIGNATURE OF DECEASED'S GRANDCHILD (Name and Address)
None

21. SIGNATURE OF DECEASED'S GRANDPARENT (Name and Address)
None

22. SIGNATURE OF DECEASED'S NEPHEW (Name and Address)
None

23. SIGNATURE OF DECEASED'S NIECE (Name and Address)
None

24. SIGNATURE OF DECEASED'S UNCLE (Name and Address)
None

25. SIGNATURE OF DECEASED'S AUNT (Name and Address)
None

26. SIGNATURE OF DECEASED'S COUSIN (Name and Address)
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27. SIGNATURE OF DECEASED'S OTHER RELATIVE (Name and Address)
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28. SIGNATURE OF DECEASED'S FRIEND (Name and Address)
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100. SIGNATURE OF DECEASED'S OTHER PERSON (Name and Address)
None

I hereby certify that the above is correctly copied from a record kept in my office.

Noted, approved and sealed unless the raised Great Seal of the State of New Jersey or the seal of the issuing municipality or county, is affixed hereon.

Joseph A. Komoroski, State Registrar
Bureau of Vital Statistics

REC-48
JULY 01

THIS DOCUMENT HAS MULTIPLE SECURITY FEATURES TO DETECT FRAUD. VOID IF ALTERED.